

GLENCOE –SILVER LAKE COMMUNITY EDUCATION

PANTHER PAW TEAM PROGRAM 2021-2022

FIRST NAME _____

MIDDLE NAME _____

LAST NAME _____

AGE _____

BIRTHDATE _____

MALE/FEMALE

STREET ADDRESS _____

CITY: _____ STATE _____ ZIP _____

GRADE IN SCHOOL: _____ SCHOOL: _____

E-MAIL ADDRESS: _____

HOME PHONE: _____

****PREFERRED NUMBER TO RECEIVE PHONE MESSAGE:*** _____

FATHER'S NAME: _____

FATHER'S CELL PHONE: _____

MOTHER'S NAME: _____

MOTHER'S CELL PHONE: _____

GUARDIAN'S NAME (if doesn't live with either parent) _____

GUARDIAN'S HOME PHONE: _____ CELL PHONE: _____

GYMNASTS MUST BE REGISTERED THROUGH COMMUNITY EDUCATION TO PARTICIPATE AND WILL NOT BE ALLOWED IN THE GYM UNTIL THE FIRST MONTH FEES ARE PAID

EMERGENCY/MEDICAL CONTACT INFORMATION

DOCTOR'S NAME: _____

HOSPITAL PREFERENCE (IF ANY) _____

EMERGENCY CONTACT DURING SESSION HOURS: _____

RELATIONSHIP: _____ PHONE NUMBER: _____

PHOTO/WEBSITE AUTHORIZATION

I grant permission and consent to the use of my child's picture and/or name on the GSL website and/or social media for the purposes of marketing information and program development.

Signature: _____
Parent or Guardian Date

PARTICIPATION AUTHORIZATION

Permission is given to the participant in the Community Ed Gymnastics program. I understand that gymnastics could produce injury and that GSL Community Education & Recreation, its coaches or representatives are not responsible for any type of liability pertaining to this program.

Signature: _____
Parent or Guardian Date